



Application No. (if known): Not Yet Assigned

Attorney Docket No.: DPQ-004US

Certificate of Express Mailing Under 37 CFR 1.10

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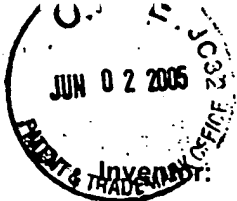
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PCT International Published Application (WO 2004/042767 A2) (12 pages);
PCT International Published Application (WO 2004/042767 A3) (3 pages);
Application Data Sheet (2 pages);
Certificate of Express Mailing (1 page); and
Return Receipt Postcard



ENI

EXHIBIT C

10/534154

Atty Docket No.: DPQ-004US

Inventor: Leendert J. NOORDERMEER

Application No.: Not Yet Assigned

Filing Date: Concurrently Herewith

Title: DISPLAY DEVICE COMPRISING A DEFLECTION UNIT AND A DEFLECTION UNIT FOR A DISPLAY DEVICE

Documents Filed:

Transmittal Letter to the United States Designated-Elected Office (2 pages);

Preliminary Amendment (5 pages);

PCT International Published Application (WO 2004/042767 A2) (12 pages);

PCT International Published Application (WO 2004/042767 A2) (3 pages);

Application Data Sheet (2 pages);

Certificate of Express Mailing (1 page); and **JCO3 Rec'd PCT/PTO 05 MAY 2005**

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Date: May 4, 2005

EXHIBIT D

Customer Copy

Label 11-F June 2002



EV 466147325 US



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Post Office To Addressee

ORIGIN (POSTAL USE ONLY)

PO ZIP Code 02201	Day of Delivery <input type="checkbox"/> Next <input checked="" type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date In Mo. 5 Day 4 Year 08	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$ 13.00
Time In <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee
Weight lbs. 6.3 ozs.	Int'l Alpha Country Code	COD Fee Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials AS	Total Postage & Fees \$ 13.00

DELIVERY (POSTAL USE ONLY)

Delivery Attempt Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Attempt Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Date Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

☐ **WAIVER OF SIGNATURE** (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent. (If delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

☐ **NO DELIVERY** ☐ Weekend ☐ Holiday

Customer Signature

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